

Certificate of Limited Partnership

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FILED
October 29, 2020
Sec. Of State
msolomon

Name of Limited Partnership:

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Street Address of Limited Partnership:

P.O BOX 542321
LAKE WORTH, FL. 33454

Mailing Address of Limited Partnership:

P.O BOX 542321
LAKE WORTH, FL. 33454

The name and Florida street address of the registered agent is:

ALICIA E PORTER
1005 ABRAHAM AVE
WEST PALM BEACH, FL. 33401

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ALICIA PORTER

The name and address of all general partners are:

Title: G
ANITA E PORTER
1005 ABRAHAM AVENUE
WEST PALM BEACH, FL. 33401

The effective date for this Limited Partnership shall be:

10/29/2020

Signed this Twenty Ninth day of October, 2020

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: ANITA E. PORTER

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.